DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection 103 South Main Street, Ladd Hall Waterbury, VT 05671-2306 http://www.dail.vermont.gov Voice/TTY (802) 871-3317

To Report Adult Abuse: (800) 564-1612

Fax (802) 871-3318

March 12, 2012

Deacon Gary Griffin, Administrator Loretto Home 59 Meadow Street Rutland, VT 05701-3994

Provider #: 0138

Dear Deacon Griffin:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **January 31, 2012**. Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN, MS

Licensing Chief

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Enclosure



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PRINTED: 02/07/2012

Division	of Licensing and Pro	ptection		Licensing and FORM APPROVED Protection					
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIES IDENTIFICATION NUM		(X2) MULT A. BUILDIN B. WING _	IPLE CONSTRUCTION	· ·	(X3) DATE SU COMPLE	red	
		0138	CTOEET AD	DDEEC CITY	STATE, ZIP CODE		1 01/31	/2012	
NAME OF P	ROVIDER OR SUPPLIER			•			•		
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R100	Initial Comments:		,	R100					
	An unannounced on-site complaint investigation was conducted by the Division of Licensing and Protection on 01/31/12. The following are Residential Care Home Licensing regulatory findings.			·					
								·	
R145 SS=D	V. RESIDENT CAR	E AND HOME SERV	/ICES	R145					
	5.9.c (2)						,		
	each resident that i as identified in the of care must descri	ent of a written plan of a based on abilities a resident assessment, be the care and servithe resident to maintwell-being;	nd needs A plan ices		Loretto Home will ass will be in place for ea				
	by: Based on interview (Registered Nurse) development of a c	NT is not met as evid and record review, the failed to assure the omplete plan of care	ne RN for 1 of 2						
	applicable residents (Resident #1). Find	s in the survey samplings include:	e			· ·			
	was identified throu 04/08/11 of resistir physical and verbal review of the writter specific care plan for Per review of the no behaviors were not	w on 01/31/12, Resident of the assessment of the care and has less by abusive behaviors of the Resident's behavior the Resident's behaving notes, several ed. On 4/17/11- 'agit	lated than daily Per was no aviors. ation';						
	very agitated; 8/1/1 redirected several t supper, staff had to	ling and lifting his/hei 1- resident upset at li imes; 9/13/11- agitato remove from dining ; 11/22/11 - resident (unch, ed during room and						

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE 2-29-12

If continuation sheet, 1 of 5

FORM APPROVED Division of Licensing and Protection STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING B. WING 0138 01/31/2012 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **59 MEADOW STREET LORETTO HOME RUTLAND, VT 05701** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) R145 R145 Continued From page 1 The Director of Nursing will review the findings seeking during meal, staff unable to get resident with the staff and provide additional training on to sit back down, became very agitated and what is needed to assure that proper written. physically abusive towards staff; and on 11/23/11-2/20/12 very combative, s/he was pushing care staff and Care Plans are in place to address specific other female resident, staff tried to redirect the behaviors, in the case of resident #1 there will resident but the resident got verbally abusive. Per be a complete review of his Care Plan by the the PACE program notes, on 4/15/11 Resident #1 DON and any needed changes will be made. '...at times gets upset w/ other res on unit and will The LPN's will assure that in their reviews of be verbally abusive but e-z re-directed and on Charts they will be particularly sensitive to 4/29/11 'has occ behaviors of agitation usually behavioral addition that may require Written from frustration w/ other residents on unit, usually Care Plan. redirectable occ may need to walk res away from other, give a task he will forget about issue...'. R145 Pocaccepted 3/9/12 Per interview at 5:15 PM, staff said that they "try to re-direct but there's no specific care plan". In SEMINUSPINI ProctaPN addition, the care plan for urinary incontinence lists the medication Detrol as being administered, but was discontinued in March 2011. Per interview at 5:45 PM, the Administrator and DNS (Director of Nursing Services) confirmed there was no specific care plan for the resident's behaviors and the care plan was not revised to reflect the current status of the medication that was discontinued. V. RESIDENT CARE AND HOME SERVICES R171 R171 SS=D 5.10 Medication Management Loretto Home will assure that documentation is 5.10.g Homes must establish procedures for sufficient to assure that the medication regimen documentation sufficient to indicate to the as ordered is appropriate and effective. physician, registered nurse, certified manager or representatives of the licensing agency that the

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medication regimen as ordered is appropriate and effective. At a minimum, this shall include:

(1) Documentation that medications were

(2) All instances of refusal of medications,

administered as ordered;

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Division of Licensing and Protection STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING C B. WING 0138 01/31/2012 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **59 MEADOW STREET LORETTO HOME** RUTLAND, VT 05701 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE PREFIX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) R171 R171 Continued From page 2 including the reason why and the actions taken by the home: (3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect: (4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and (5) For residents receiving psychoactive medications, a record of monitoring for side (6) All incidents of medication errors. This REQUIREMENT is not met as evidenced Based on interview and record review, the facility failed to document the effects of PRN (as needed) medications for 1 applicable resident in the sample. (Resident #2) Findings include: 1. Per record review and confirmed in an Documentation of efficacy was missed on a interview with the Director of Nursing (DNS) on PRN psychoactive medication that was given to 01/31/12, it was noted that Resident #2 received resident #2. PRN psychoactive medications for which there is no consistent documentation as to the effects. 3/15/2012 The DON will provide an in-service for all Per the medication administration record (MAR). personnel qualified to give medications. They will Lorazepam 0.5 mg tab was administered on be given a refresher course on the importance of 04/14/11 for increased agitation and on 04/17/11 monitoring and documenting the effectiveness of at Noon, however, there was no documentation PRN medication appropriately. noting the monitoring of the results or efficacy. Per the care plan dated 04/20/10 for problem #3 agitation, it directs staff to note efficacy and side The training will be documented and training effects. In addition, per the PRN Psychoactive record will be entered into the tracking system. Criteria Sheet states 'always write in chart the In addition spot checks will be made by the time of, reason for and specific results of LPN's and DON to assure the correct practice is medication use!'. Per interview at 4:36 PM, the being followed. DNS confirmed that the results and/or efficacy R171 poc accepted 3/9/12 SEMMONSEN/ AMERICAN were not noted in the resident's chart.

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0138			B. WING_		01/31/2012				
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R213	Continued From page 3			R213					
R213 SS=D	VI. RESIDENTS' RIGHTS			R213					
29=D	OI. RESIDENTS' RIGHTS 6.1 Every resident shall be treated with consideration, respect and full recognition of the resident's dignity, individuality, and privacy. A home may not ask a resident to waive the resident's rights. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the home failed to recognize resident's privacy and dignity on the special care unit. Findings include: 1. Per observation on 01/31/12 at 2:00 PM of the 3rd floor special dementia unit, which currently has 8 residents, a mix of male and female, there is 1 bathroom with no outside door from the hallway and 2 stall doors which do not have latches [to lock]. Per interview at the time of observation, staff stated that they can't have locks on the stall doors as the dementia residents could get trapped inside the stalls. Per observation at 5:30 PM, a female resident went into the bathroom and a male resident started to wander in, the female resident yelled 'go' and the staff member called the male resident out of the bathroom. The nurse surveyor asked staff if the residents mind sharing the same bathroom and was told that one of the female residents does scream when the males enter. S/he said this has happened before. Per interview at 5:30 PM the Administrator confirmed there is no outside door or locks for safety reasons but tries to afford as much privacy as possible by having staff re-direct wandering residents.				The Loretto Home will assure each resident is treated with respect dignity and their privacy is respected I reviewed the I reviewed the proposal pretthe State and approve by the State in current configuration of the bathroom walled stalls and a separate shower Based on the nature of the on the Special Needs Floor it would advisable or safe to have locks on the themselves as was pointed out. It should noted that there was no compromise where the person was viewed in a stundress or using the toilet itself. Also the majority of the third floor resident assisted in this regard and staff is prethem. The possibility of this event is minimized by having a staff person floor at all times but it is not a 100% that it will never occur nor can it be. The Administrator met with floor staff to make them aware of the Based on the event that occurred the personnel have been told to contact station for additional help in the event unable to monitor the hall way traffic event of multiple residents requiring RANS POC accepted 31912	sented to effects the a with two room. residents not be e doors ould also be of modesty ate of a note that is are esent with occurring a on the assurance the third concerns. It they are or in the			

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